



GCU

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Suitability Evaluation Worksheet for Fixed Annuities

The GCU is committed to selling our members the appropriate products to meet their financial needs. These questions are designed to help determine if purchasing a fixed annuity product is suitable for your needs. All questions must be completed and your signature is required on this form.

Product Information:

ANNUITY TYPE: (check one)

Qualified

Non-Qualified

Owner/Applicant Information:

Owner/Applicant: _____

Age: _____

DOB: _____

Joint Owner Name: _____

Age: _____

DOB: _____

1. Work Status: Owner: Retired Employed Unemployed Other
 Joint Owner: Retired Employed Unemployed Other

2. Residence: Owner: Living at Home Assisted Living Nursing Home
 Joint Owner: Living at Home Assisted Living Nursing Home

3. Federal Tax Rate: 0% 10% 12% 22% 24% 32% 35% 37%

4. Do you own any of the products listed below:
 Stocks & Bonds Government Securities
 Mutual Funds Fixed Annuities
 Variable Insurance I have not owned any of the above products
 Certificates of Deposit

5. What percentage of your liquid assets would you feel comfortable allocating to the categories below?
 Low Risk ____% Moderate Risk ____% High Risk ____%
 100% of Total Assets

• **Fixed Annuities are generally not considered aggressive growth assets. They are not securities and do not constitute a direct investment in the stock market.**

6. Financial/Investment Objectives (please check 1-3 primary reasons)
 Tax Deferral Wealth Accumulation Immediate Income
 Potential for better rate Death Benefic Estate Planning
 Protection from Market Risk Qualify for Government Programs Other _____
 Retirement Income (e.g. Medicaid, VA)

Financial Information:

7. Source(s) of Income (All that apply)

- Salary/Wages Interest Income Pension/IRA Payments Trust Income
 Social Security Dividends Other Annuities Other _____

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8. Monthly Income & Expenses

Approximate Monthly Household Income (net after taxes):\$ _____(a)

Approximate Monthly Household Expenses: \$ _____(b)

Monthly Disposable Household Income: \$ _____(c)
(a) - (b) = (c)

9. Non-Liquid Assets

Value of Home \$ _____
Business Interests \$ _____
Qualified Plans \$ _____
(if under 59-1/2)

Mutual Funds/Brokerage Accounts not readily convertible to cash without penalty \$ _____
Annuities/Insurance cash values subject to surrender penalties \$ _____
Other _____ \$ _____

Total Non-Liquid Assets: \$ _____

10. Liquid Assets

Cash \$ _____
Short Term CDs \$ _____
Other Real Estate \$ _____
Qualified Plans \$ _____
(over 59-1/2 and no surrender penalties)

Mutual Funds/Brokerage Accounts readily convertible to cash without penalty \$ _____
Annuities/Insurance cash values not subject to surrender penalties \$ _____
Other _____ \$ _____

Total Liquid Assets: \$ _____

Total Net Worth: \$ _____

11. After purchase of this annuity, do you believe you have enough remaining liquid assets and other sources of income to cover any emergencies or contingencies such as sudden health care needs or increased living expenses?

[] Yes [] No

12. Do you anticipate any adverse change in assets, living expenses, medical expenses, and/or income during the surrender period of this contract?

[] Yes [] No

Will there be any surrender charges or penalties to withdraw funds from your current financial product (i.e., the source of funds for this annuity purchase)? [] Yes [] No

If yes, provide the name of company, product, year of purchase, accumulation value prior to surrender, dollar amount of surrender charge or penalty, and percentage of surrender charge or penalty. If applicable, list MVA amount separately and indicate positive or negative.

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Company/Product/Year of Purchase	Accumulation Value w/o Surrender Charges and MVA	Surrender Charge Amt. (\$)	Surrender Charge Amt. (%)	MVA Amt (\$ (+/-))

Acknowledgements

- I understand an annuity is a long-term contract that I should not plan to fully surrender before completion of the surrender charge periods.
- I understand that my principal may be subject to a surrender charge if I surrender or partially surrender my contract before completion of the surrender charge period.
- I understand surrender charges may apply to withdrawals, that may be taxable, and when made before age 59-1/2, may result in tax penalties.
- (If replacement) I understand the benefits and costs of this replacement, including but not limited to surrender charges, possible loss of benefits, tax consequences, product features and enhancements, fees, and expenses. My agent has provided a comparison of the benefits and restrictions of both contracts.
- I understand that I should contact a tax professional or attorney for any tax or legal advice.

PLEASE REVIEW THE FORM AND SIGN ATTESTING THAT THE INFORMATION IS TRUE AND CORRECT TO THE BEST OF YOUR KNOWLEDGE. THIS FORM SHOULD NOT BE SIGNED IF ANY REQUIRED ITEM IS LEFT BLANK.

Applicant/Owner's Signature

Date

Agent's Statement

I believe the purchase of this annuity contract is suitable after reviewing the information provided to me by the applicant/owner. If applicable, I have discussed the advantages and disadvantages of any replacement or exchange of another annuity contract or life policy. I have reasonably informed the applicant/owner of all-important features of the annuity and proposed transaction.

To the best of my knowledge, the questions on this form have been answered truthfully and I have complied with GCU suitability requirements consistent with my contractual obligations.

Agent Signature

Date